

<b>Case Number:</b>	CM13-0036969		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Ohio and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old female who reported an injury on 6/11/11 due to a crush injury of the forearm and sprain/strain of the shoulder and neck. The patient's treatment history included physical therapy, medications, a TENS unit, corticosteroid injections, and a 30-day trial of an H-Wave unit. The patient's most recent clinical findings included a positive left sided impingement test and a positive left sided Hawkins test. The patient's treatment plan included continuation of H-Wave therapy and surgical intervention for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**three month rental of a home H-Wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** The clinical documentation submitted for review evidences that the patient participated in a 30-day clinical trial of an H Wave unit. During that trial, decreased need for oral medications and a 40% reduction in pain was documented. As the documentation does provide evidence that the patient had functional gains, decreased medication usage, and pain relief from

the 30-day trial, continued usage would be supported. The California Medical Treatment and Utilization Schedule recommends continued use of an H Wave therapy device after a 30-day clinical trial documents improvement in function, a decrease in medication, and pain relief. As such, the requested three month rental of a home h-wave device is medically necessary and appropriate.